

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097194700** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		2		1		
10		2		1		
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TOTAL IND.	1		1			
TOTAL DEP.	18		14			
TOTAL CLAIMS	19		15			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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